

Montana Communicable Disease Weekly Update: 01/09/09

DISEASE INFORMATION

Summary – Week 53 – Ending 1/3/09 – Disease reports received at DPHHS during the reporting period December 28, 2008 – January 3, 2009 included the following conditions: various enteric conditions (giardiasis, salmonellosis), amebiasis, an acute hepatitis C and continued varicella activity. *NOTE: The spreadsheet has multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.*

Influenza Surveillance – As of 01/03/09, Montana's influenza activity is classified as SPORADIC. Activity is increasing around the state. As of 01/09/08 there were 15 MPHL PCR confirmed cases of influenza in the following counties (type): Cascade (4 - A:H3); Deer Lodge (1-B); Gallatin (2 - A:H3); Lewis & Clark (3 – A:H1); Missoula (1 - A:H3); Pondera (1 – A:H3); and Yellowstone (3 – A:H3).

IMPORTANT! New Influenza Report - There are two reports attached to this weekly report:

1. *A summary report that includes surveillance information on confirmed isolates and influenza-like illness (ILI) around the state. This report will always be one week behind due to the delay in receiving ILI information from around the state.*
2. *An up-to-date **characterization of H types** for influenza A cases in the state. In light of information from the CDC that H1 types are resistant to oseltamivir (Tamiflu) and in order to assist clinicians with antiviral therapeutic/prophylaxis decisions, it will be important to monitor influenza H types and provide this information in a timely fashion.*

Watch the CDEpi web site at <http://cdepi.hhs.mt.gov> for updates to these two reports.

The Montana Public Health Laboratory (MPHL) will continue to accept rapid test positive specimens for two reasons:

1. *In order to confirm the presence of influenza in communities that have not had influenza to date (two positives in each jurisdiction) and;*
2. *In order to characterize the influenza A H types ongoingly in order to assist clinicians with therapeutic decisions. (MPHL PCR testing distinguishes A from B and subtypes A-H1 from A-H3)*

BOTH types of testing will be provided free of charge. Please encourage providers to submit specimens through February so that this characterization testing can be done and results shared with clinicians.

During week 53 (December 28, 2008 – January 3, 2009), influenza activity in the United States remained at approximately the same level as in the previous week. Flu season typically peaks in January or later and has been in February or March in 11 of the past 20 seasons. Four states reported regional activity; 11 states reported local influenza activity; the District of Columbia and 30 states reported sporadic influenza activity; and five states reported no influenza activity. National weekly updates about influenza: <http://www.cdc.gov/flu/weekly/>

NEW! Vaccine Match - Based on antigen characterization done by the CDC on 110 influenza viruses collected by U.S. laboratories since October 1, 2008, it appears that the vaccine is a good match for influenza A this season. **Vaccination efforts should continue during December and throughout the influenza season**, which can persist into spring. The October issue of Montana Public Health – Prevention Opportunities Under the Big Sky discusses the importance of influenza vaccination. http://www.dphhs.mt.gov/PHSD/prevention_opps/pdf/MPHOct08-2.doc

UPDATE! Oseltamivir Resistance – The CDC issued "Interim Recommendations for the Use of Influenza Antiviral Medications in the Setting of Oseltamivir Resistance among Circulating Influenza A (H1N1) Viruses" on December 19, 2008. (<http://www.cdc.gov/flu/professionals/antivirals/index.htm>) An excellent review of antiviral usage and a summary of the recommendations was presented by Anthony E. Fiore, MD, MPH of the CDC on a webinar on January 8, 2009 and is available at <http://www.emergency.cdc.gov/coca/callinfo.asp>.

INFORMATION / ANNOUNCEMENTS

Protect Patients in Health Care Facilities – The Association for Professionals in Infection Control and Epidemiology, with a general health education grant from The Clorox Company, has free posters and brochures designed to educate visitors on the important role they play in preventing infection – not only in the hospital but also upon the patient's return home. The Protect Our Patients program materials are available at www.apic.org/pop.

Compendium of HIV Prevention Interventions – The CDC has released "2008 Compendium of Evidence-based HIV Prevention Interventions" which includes 8 additional evidence-based behavioral interventions (EBIs) that have been scientifically proven to significantly reduce HIV risk; bringing the total to 57 EBIs. The Compendium is available at: <http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>.

REMINDERS

24/7 Availability – Did you know that the Epidemiology program has a phone line that is answered 24 hours a day/7days a week/365 days a year? Please call 406.444.0273 if you need immediate epidemiology assistance or consultation! The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.